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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Approved for use through 07/06/2001. GPO 0051 0002  
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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing **OR**  Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

<b>Attorney Docket Number</b>	
<b>First Named Inventor</b>	
<b><i>COMPLETE IF KNOWN</i></b>	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

**As a below named Inventor, I hereby declare that:**

**My residence, post office address, and citizenship are as stated below next to my name.**

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A PROTHESIS AND A METHOD AND MEANS OF DEPLOYING  
A PROTHESIS

the specification of which

*(Title of the Invention)*

is attached hereto

B

was filed on (MM/DD/YYYY) 05/25/1998 as United States Application Number or PCT International

Application Number PCT/AL98/00383 and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable) \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
P07008	Australia	05/26/1997	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Filing, claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:	
Application Number(s)	Filing Date (MM/DD/YYYY)

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/AU98/00383	05/25/1998	

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:  Customer Number  Place Customer Number Bar Code Label here  
OR  
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Anton P. Ness	28,453		

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:  Customer Number or Bar Code Label  OR  Correspondence address below

Name	Anton P. Ness			
Address	Cook Group Patent Office			
Address	P.O. Box 2269			
City	Bloomington	State	IN	ZIP 47402-2269
Country	USA	Telephone		Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**Name of Sole or First Inventor:**  A petition has been filed for this unsigned inventor

Given Name (first and middle if any)	Family Name or Surname
David	HARTLEY

Inventor's Signature	<i>DE Hartley</i>				Date	14.7.96
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Post Office Address	SUBIACO					
City		State	WA	ZIP	6008	Country AUSTRALIA

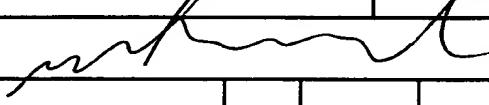
Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet

Page \_\_\_\_ of \_\_\_\_

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Michael		LAWRENCE-BROWN				
Inventor's Signature						18/07/98 Date
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Post Office Address	FLOREAT					
City		State	WA	ZIP	6014	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature						Date
Residence: City		State		Country	Citizenship	
Post Office Address						
Post Office Address						
City		State		ZIP	Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature						Date
Residence: City		State		Country	Citizenship	
Post Office Address						
Post Office Address						
City		State		ZIP	Country	

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